



PTO/SB/21 (08-03)

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	10/828,371
		Filing Date	Apr 19, 2004
		First Named Inventor	BROWN, David R.
		Art Unit	2872
		Examiner Name	AMARI, A.
Total Number of Pages in This Submission	5	Attorney Docket Number	MEMS-0131-D1

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form - ISSUE FEE <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Comments on Reasons for Allowance
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Customer Number 40575 Mark E. Olds, Reg. No. 46,507
Signature	<i>Mark E. Olds</i>
Date	6/11/05

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
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Date	6/11/05

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Application No.: 10/826,371

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):

BROWN

Application No.: 10/826,371

Filed: 19 Apr 2004

Title: OFF-AXIS DIFFRACTIVE BEAM SHAPERS  
AND SPLITTERS FOR REDUCING  
SENSITIVITY TO MANUFACTURING  
TOLERANCES

Attorney Docket No.: MEMS-0131-D1

Art Unit:

2872

Examiner:

Amari, A.

COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Applicant in the above-identified application has the following comments on the Examiner's Reasons for Allowance. Claims 1-6 and 11-15 are allowed.

The Examiner is respectfully thanked for the effort expended in examining the present application. However, Applicant would like to point out that the Examiner's reasons for allowance recites specific novel aspects of the present invention as defined in claim 1 and claim 11. Consequently, Applicant would simply like to remind the Patent Office that the present application has been allowed due to the content of the individual claims (i.e., the combinations themselves) not just the individual elements.

Further, the dependent claims recite additional subject matter, which is not taught or suggested by the prior art. Therefore, Applicant's claimed combinations are allowable at least for the reasons noted by the Examiner. Accordingly, the patentability of these claims should not be read as being limited only to the features discussed in the Examiner's Reasons for Allowance.

Application No.: 10/826,371

## CONCLUSION

If the Examiner has any questions concerning this application, the Examiner is requested to contact the undersigned in order to resolve any outstanding issues. Also, If necessary, the Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 50-3136 for any additional fees required under 37 C.F.R. §§ 1.16 or 1.17; particularly, extension of time fees.

Respectfully Submitted,

6/11/05  
Date

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